

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

TODD FORD, JR.,

Plaintiff

v.

WARDEN EUGENE CALDWELL,

Defendants.

Civil Action No. 20-12655(NLH)

NOTICE TO ATTACH EXHIBIT “A”

TO THE CLERK:

Kindly attach Exhibit “A” to Petitioner, Todd Ford, Jr.’s Brief in Support of the Petition for Writ of Habeas Corpus pursuant to 28 U.S.C. § 2241 (ECF Doc. No. 45), dated March 5, 2022, and pursuant to this Honorable Court’s Memorandum Opinion and Order of September 23, 2022 (ECF Doc. No. 63).

DATED: September 26, 2022

LAW OFFICES OF JONATHAN J. SOBEL

/s/Jonathan J. Sobel, Esquire
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EXHIBIT A



The
Johns Hopkins
Medical Services Corporation



☐ BERE A ☐ EASTERN BOULEVARD ☐ LAUREL ☐ PATAPSCO VALLEY ☐ TINDECO
☐ CRANBERRY STATION ☐ FALLS LANE ☐ MARLEY HORIZONS ☐ PUTTY HILL ☐ WYMAN PARK
☐ CRESTRIDGE ☐ HAGER PARK ☐ MONOCACY VALLEY ☐ SIGNATURE ☐ _____
☐ EAST BALTIMORE ☐ JOHNSON ☐ MONTGOMERY GROVE ☐ SOUTH RIVER ☐ _____

Date: 1-21-97 Time: 2:58 ^{AM}_{PM} Patient: Ford, Todd
Jr

Insurance: ☐ PHCP ☐ MAC ☐ CHP ☐ F/S ☐ DOD ☐ JHCC (MA/HMO) ☐ OTHER _____

Membership #: _____ M.R. #: 82633157 D.O.B.: 1-19-82

Caller: McBennet, Scott Phone#: () 325-3113

Primary Provider: Aldridge Call Received by: _____

Call Returned by: _____ Date: _____ Time: _____ ^{AM}_{PM}

Next Appointment: _____

CHIEF COMPLAINT/CONSULTANT/MESSAGE:

Wrote letter for school stating he
has asthma - His receiving bus tickets
will depend on him having this letter.

ASSESS/ADVICE:

Plm # Asthma
1/23/97 Letter done & note reads I/U Asthma + PE -
CPC Cameron

* REFERRED TO: USUAL PROVIDER'S OFFICE (ROUTINE) ☐ M.D./U.C.C. (WHERE): _____

* E.R. ☐ REQUEST AUTHORIZED-PLACE: _____ ☐ REQUEST DENIED

* ADMISSION AUTH: ☐ NO ☐ YES - HOSPITAL: _____

SIGNATURE OF PROVIDER COMPLETING FORM: A. Shugart



The
Johns Hopkins
Medical Services Corporation



HISTORY/PHYSICAL EXAMINATION/PROGRESS NOTES

PATIENT IDENTIFICATION

DATE	TIME	
		TODD FORD
		# 8-263-31-57
		1/23/97
		To Whom It Concerns -
		Todd Ford is followed by Dr. Siddiqui here at East Baltimore Medical Center. Todd has a history of asthma and requires medicines including a nebulizer machine at home. He is due for an asthma follow up exam - plus a full physical exam with Dr. Siddiqui. So bus tickets would be helpful for him -
		Thanks -
		Dr. Cuencas



The
Johns Hopkins
Medical Services Corporation



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- ☐ BERA ☐ EASTERN BOULEVARD ☐ LAUREL ☐ PATAPSCO VALLEY ☐ TINDECO
☐ CRANBERRY STATION ☐ FALLS LANE ☐ MARLEY HORIZONS ☐ PUTTY HILL ☐ WYMAN PARK
☐ CRESTRIDGE ☐ HAGER PARK ☐ MONOCACY VALLEY ☐ SIGNATURE ☐ _____
☒ EAST BALTIMORE ☐ JOHNSON ☐ MONTGOMERY GROVE ☐ SOUTH RIVER ☐ _____

Date: 1/14/95 Time: 2⁰⁴ AM Patient: FRED, Todd

Insurance: ☐ PHCP ☐ MAC ☐ CHP ☐ F/S ☐ DOD ☐ JHCC (MA/HMO) ☒ OTHER Self

Membership #: _____ M.R. # 8-2623-8157 D.O.B.: 11/19/82

Caller: mom: Janice Scott Phone#: (410) 675-0478

Primary Provider: Siddiqui Call Received by: us

Call Returned by: _____ Date: 1/14/95 Time: 2⁰⁶ AM

Next Appointment: _____

CHIEF COMPLAINT/CONSULTANT/MESSAGE: pages: Asthma / wheezing

12 y.o. c/o wheezing

Q started this an

Q Rpt: Asthma

Q med: ? - all out

Q cough Q wheez Q urgestion

ASSESS/ADVICE:

TO UCC

* REFERRED TO: USUAL PROVIDER'S OFFICE (ROUTINE) ☐ M.D./U.C.C. (WHERE): _____

* E.R. ☐ REQUEST AUTHORIZED-PLACE: _____ ☐ REQUEST DENIED

* ADMISSION AUTH: ☐ NO ☐ YES - HOSPITAL: _____

SIGNATURE OF PROVIDER COMPLETING FORM: Asad R

The Johns Hopkins Medical Services Corporation ACUTE AMBULATORY CARE DEPARTMENT		DATE OF VISIT: <u>FORD, TODD JR</u> EAST <u>MM18-263-21-5</u> <u>11/19/82</u> M H:410 675-0478 N: 1635 N. BOND ST. BALTIMORE, MD 21213 Chk-in: 3:37 MSCEBMC AACD Aut: 1/14/95 3:30 SELF PAY AACD/EBMC	
TIME IN: <u>6:37</u>	SCREEN TIME: <u>5:30</u>	TIME OUT: <u>6:39</u>	
HT: <u>104</u>	WT: <u>98</u>	T: <u>93</u>	R: <u>33</u> BP: <u>108/59</u>
PRESENTING COMPLAINT / HISTORY AND PHYSICAL <u>12 y.o male in today</u> <u>clx wheezing x 1 day</u> <u>July</u> <u>SEAS above - pt is on no meds</u> <u>or asthma. mom has no money</u> <u>to get prescriptions filled</u> <u>O2 A/D NAD</u> <u>ENT - clear</u> <u>NECK - Supple, adenopathy</u> <u>Lungs - insp wheezing all fields</u> <u>Heart - RRRS @</u> <u>After 1st neb - faint scattered</u> <u>exp wheezes</u> <u>After 2nd neb - lungs - CTA, no</u> <u>wheezing</u> <u>P Asthma - Ventolin inhaler</u> <u>2 puffs QID (Sample given)</u> <u>Flu T peds 1-2 WKS</u>		SCOTT, BERNICE ADDRESS _____ Phone (H) _____ (W) _____ PCRIFFE-1/14/95 ALLERGIES <u>NKA</u> MEDICATIONS <u>PMH = asthma</u> <u>PMO = clx</u> <u>@ Smokers in house</u> DX STUDIES <u>Pulse ox 535 98%</u> MED / ORDERS <u>neb you 544</u> <u>Alb unit dose neb</u>	
SIGNATURE <u>Smeyrump</u>		PROVIDER NUMBER <u>56861</u>	

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PATIENT INSTRUCTION SHEET

FORD, TODD JR EAST #18-263-31-57
 11/19/82 M 675-0478 W:
 1635 N. BOND ST. Chk-in: 3:37
 BALTIMORE, MD 21213 Apt: 1/14/95 3:30
 MSCEBMC AACD AACD/EBMC
 SELF PAY

SCOTT, BERNICE

PCRIPPE-1/14/95

SITE: Urgen Care Center PHONE NO.:
1000 E. Eager St

URINARY TRACT INFECTION: Baltimore, MD 21202

- A. Take medication as prescribed.
 Continua medication until bottle is empty.
 B. Drink at least 8 glasses of fluid daily.
 C. Call physician if the following occurs:
 * Persistent temperature over 101° after 48 hours.
 * Pain on urinating 48 hours after beginning medication.
 * Nausea, vomiting or diarrhea.

UPPER RESPIRATORY INFECTION (COLD):

- A. Avoid exposure to extreme cold and undue fatigue.
 B. Stop smoking while you have a cold.
 C. Eat a sensible diet and drink at least 8 glasses of fluid a day.
 D. Take medication as prescribed by physician.
 E. Notify your provider if the following occurs:
 * Temperature over 103° that won't reduce with recommended medication for fever reduction.
 * Cough that produces thick yellow, green or gray mucus.
 * Shaking or chills (do not bundle in heavy blankets if you have a fever.)
 * Shortness of breath.
 * Earache.
 * Chest pain.

SPRAINS AND BRUISES:

- A. To reduce swelling, elevate injured part above the level of the heart for 36-48 hours. Place a pillow or towel under your heel to elevate your foot.
 B. Treatment for a fresh injury (within 2 days):
 * Place ice pack in a towel and place ice pack over injured part for 15 minutes, repeat 3-4 times a day during the first 48 hours to reduce swelling.

- * 48 hours, soak injured part in warm water or moist towel for 15 minutes 3-4 times a day.
 * No heat should be applied for first 48 hours.
 * Use crutches or a cane if recommended.
 * Do not put any weight on your foot for ____ days.
 * If using crutches, use hands not arm pits for bearing weight.
 * If not improved or pain & swelling persists for more than 48-72 hours, consult your doctor.
 * If follow up at ____ is necessary, return on ____/____/____ at ____ am/pm.

- * Circular bandage instructions:
 If you start to develop numbness, tingling, paleness of the toes or foot, or a cool feeling to the area beyond any bandage which encircles a part of the body, it is too tight and you should remove it and reapply. If symptoms do not go away within 1/2 hour, call this number ____ to obtain follow up.

GONORRHEA/CHLAMYDIA:

- A. You have a sexually transmitted disease. Tell your sexual partner/s you've had sexual contact within the past ____ days. They need to be treated - even if they do not have any symptoms.
 B. Take your medicine as directed and until all gone.
 C. It is necessary that you be seen for follow up ____ days after you complete treatment. You can be seen at the ____ department by calling _____. You can be seen for follow up at the free confidential health department at 620 North Carolina Street.

LACERATIONS:

- A. Keep the bandage on for ____ days.

- B. Change the bandage daily after ____ days.
 C. The injury must be kept dry for ____ days.
 D. DANGER SIGNS:
 * If any of the following occur after the first 24 hours, contact your provider or

- 1 - increased amount of pain.
 2 - swelling.
 3 - redness around injury.
 4 - fever over 100°.

- E. Return for a check of the wound in ____ days.
 F. Have your stitches removed in ____ days.

LOWER BACK SPRAIN:

- A. Complete bed rest for ____ days.
 You should only leave the bed to eat, or use the bathroom.
 B. Lie on your side with your knees & hips bent or lie flat on your back with 1-2 pillows behind your knees.
 C. If your mattress is too soft, lie on the floor with soft blanket under you or have someone else place your mattress on the floor for increased support.
 D. Apply moist heat to the low back 4 times a day for at least 20 minutes.
 E. Take medication as prescribed.
 F. If your symptoms have not resolved in ____ days, contact your physician or call _____.
 G. DANGER SIGNS:
 * If any of the following occur:
 1 - numbness in either lower limb or loss of strength.
 2 - your foot flapping down with walking.
 3 - problems with bowel or bladder control.
 4 - the pain changes or becomes worse despite treatment.

DEHYDRATION: See Handout

OTHER INSTRUCTIONS:

Asthma

- ① Use inhaler - 2 puffs 4 times a day
 ② Follow up with peds in 1-2 weeks
 ③ Return to urgent care if wheezing returns.

Provider's Signature _____

TO THE PATIENT:

I have read and had explained to me the above information. I have had my questions answered and understand these instructions. If I have any further questions I will call the Johns Hopkins Medical Services Corporation immediately at:

Patient's Signature _____

Date: 1/14/95 Witness: _____